



FOR COUNTY USE ONLY

County of San Bernardino

F A S

STANDARD CONTRACT

<input type="checkbox"/> New <input checked="" type="checkbox"/> Change <input type="checkbox"/> Cancel		Vendor Code		SC Dent. A		Contract Number 01-813 A-1	
County Department Arrowhead Regional Medical Center				Dept. Orgn.		Contractor's License No.	
County Department Contract Representative Mark H. Uffer, Director				Telephone 580-6150		Total Contract Amount Variable	
Contract Type <input type="checkbox"/> Revenue <input type="checkbox"/> Encumbered <input checked="" type="checkbox"/> Unencumbered <input type="checkbox"/> Other:							
If not encumbered or revenue contract type, provide reason: <u>Amount will vary based on patient volume</u>							
Commodity Code			Contract Start Date 8/6/01		Contract End Date		Original Amount
							Amendment Amount
Fund EAD	Dept. EAD	Organization MCR	Appr. 200	Obj/Rev Source 2445	GRC/PROJ/JOB No.		Amount
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No.		Amount
Fund	Dept.	Organization	Appr.	Obj/Rev Source	GRC/PROJ/JOB No.		Amount
Project Name				Estimated Payment Total by Fiscal Year			
				FY	Amount	I/D	

THIS CONTRACT is entered into in the State of California by and between the County of San Bernardino, hereinafter called the County, and

Name
Loma Linda University Physicians Medical Group, Inc.
 Address
11370 Anderson Street, Suite 3150
Loma Linda, California 92354
 Telephone
(909) 558-2191
 Federal ID No. or Social Security No.

Hereinafter called Corporation

IT IS HEREBY AGREED AS FOLLOWS:

(Use space below and additional bond sheets. Set forth service to be rendered, amount to be paid, manner of payment, time for performance or completion, determination of satisfactory performance and cause for termination, other terms and conditions, and attach plans, specifications, and addenda, if any.)

Amendment 1

Amend Agreement No. 01-813 in the following manner:

- 1) **DELETE** Section 8.07, Term of Agreement, and **ADD** new Section 8.07, Term of Agreement, as follows:

8.07 Term of Agreement

This Agreement shall be effective August 6, 2001, and shall remain in effect through September 30, 2003, unless otherwise terminated for cause or amended by mutual agreement.

All other terms and conditions of Agreement No. 01-813 remain unchanged.

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COUNTY OF SAN BERNARDINO

Dated: _____

SIGNED AND CERTIFIED THAT A COPY OF THIS
DOCUMENT HAS BEEN DELIVERED TO THE
CHAIRMAN OF THE BOARD

By _____
Deputy

By: _____
(Authorized signature - sign in blue ink)

Name: _____
(Print or type name of person signing contract)

Title: _____
(Print or Type)

Dated: _____

Address: 11370 Anderson Street, Suite 3150
Loma Linda, California 92354

County Counsel

►

▶
Department Head

Date _____

Keyed By

Auditor/Controller-Recorder Use Only

<input type="checkbox"/> Contract Database	<input type="checkbox"/> FAS
Input Date	Keyed By